24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
FREEDOMWORKS FOR AMERICA				
	C C00499020			
Check if 24-hour report X 48-hour report New report Amends report filed on				
Full Name of Payee	Pate of Public Distribution/Dissemination			
Arrowhead Graphics, Inc.	M - M / D - D / Y - Y - Y			
Mailing Address 508 Houston St	02 19 2014 Imount			
City State Zip Code	7698.23			
	ransaction ID : SE.7964 Date of Disbursement or Obligation			
Purpose of Expenditure IE-Bevin-Door Hangers Category/ Type 004	02 19 2014			
Name of Federal Candidate Support Office Sc	ought: House District: 00			
MATTHEW CRISWOLD REVIN	resident State: KY			
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For:			
Full Name of Payee Dest Western-Louisville	Date of Public Distribution/Dissemination			
Dest Western-Louisville	02 17 2014			
Mailing Address 9802 Bunsen Way	Amount			
City State Zip Code	51.28			
	ansaction ID : SE.7961			
	Date of Disbursement or Obligation			
IE-McConnell-Travel Category/ Type 002	02 / 17 / 2014			
Name of Federal Candidate Support Office So	ought: House District: 00			
MITCH MCCONNELL Oppose Pro	resident X Senate State: KY			
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For:			
(a) SUBTOTAL of Itemized Independent Expenditures	7749.51			
(b) SUBTOTAL of Unitemized Independent Expenditures				
	7 7			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
R. Russ Walker [Electronically Filed] Date 02	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature Date 02	20 2014			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 5 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full) FREEDOMWORKS FOR AMERICA	FEC IDENTIFICATION NUMBER ▼			
FREEDOWWORKS FOR AWIERICA	C C00499020			
Check if 24-hour report X 48-hour report Nev	v report Amends report filed on Amends report			
Full Name of Payee Best Western-Louisville	Date of Public Distribution/Dissemination			
Mailing Address 9802 Bunsen Way	02 18 2014 Amount			
City State	Zip Code 63.48			
Louisville KY	40299 Transaction ID : SE.7962 Date of Disbursement or Obligation			
Purpose of Expenditure IE-McConnell-Travel	Category/ Type 002 02 02 18 2014			
Name of Federal Candidate	Support Office Sought: House District: 00			
MITCH MCCONNELL	Oppose President Senate State: KY			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify) ▶			
Full Name of Payee Freedomworks, Inc.	Date of Public Distribution/Dissemination			
Mailing Address 400 N Capitol St., NW	02 / 16 / 2014			
Suite 735	Amount			
City State	Zip Code 439.41			
Washington DC	20001 Transaction ID : SE.7959 Date of Disbursement or Obligation			
Purpose of Expenditure IE-McConnell-Travel	Category/ Type 002 002 16 16 2014			
Name of Federal Candidate	Support Office Sought: House District: 00			
MITCH MCCONNELL	Oppose President Senate State: KY			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
	7 7 7			
(c) TOTAL Independent Expenditures	······································			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
	ectronically Filed] Date 02 20 2014			
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	IN EXILITE	ATOTILO	PAGI FOR	E 3 OF 5 SE OF FORM 24/48
NAME OF COMMITTEE (In Full) FREEDOMWORKS FOR AMERICA			FEC IDENTIF	FICATION NUMBER ▼
FREEDOWWORKS FOR AWERICA	•		C C0049	99020
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on	D / Y = Y = Y
Full Name of Payee Freedomworks, Inc.			M M / D	
Mailing Address 400 N Capitol St., NW			02	7 2014
Suite 735			Amount	
City	State	Zip Code		41.70
Washington	DC	20001	Transaction ID : SE Date of Disburseme	
Purpose of Expenditure IE-McConnell-Travel		Category/ Type 002	M M / D	
Name of Federal Candidate		Support	Office Sought: Hou	use District: 00
MITCH MCCONNELL		X Oppose	Ū	nate State: KY
Calendar Year-To-Date Per Election for Office Sought	, ,	33478.46	Disbursement For: X F 2014 Other (specify)	Primary General
Full Name of Payee			Date of Public Distr	ribution/Dissemination
Freedomworks, Inc.				18 2014
Mailing Address 400 N Capitol St., NW			Amount	
Suite 735			7 tillount	
City	State	Zip Code		7.93
Washington	DC	20001	Transaction ID : SE. Date of Disbursement	
Purpose of Expenditure IE-McConnell-Travel		Category/ Type 002		2014
Name of Federal Candidate		Support	Office Sought: Ho	use District: 00
MITCH MCCONNELL		X Oppose	President Se	nate State: KY
Calendar Year-To-Date Per Election for Office Sought		33601.15	Disbursement For: X I 2014 Other (specify)	Primary General
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	49.63
(b) SUBTOTAL of Unitemized Independent Exper	ditures		•	- Apr - Apr
(c) TOTAL Independent Expenditures			>	4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
R. Russ Walker Signature	[Electro	nically Filed] Date	02 20	2014
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	1101120	PAGE 4 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
FREEDOMWORKS FOR AMERICA		C C00499020
Check if 24-hour report X 48-hour report New report	ort Amends report file	ed on
	JIL	
Full Name of Payee Freedomworks, Inc.		Date of Public Distribution/Dissemination 02 19 2014
Mailing Address 400 N Capitol St., NW		Amount
Suite 735 City State	Zip Code	8.45
City State Washington DC	20001	Transaction ID : SE.7965 Date of Disbursement or Obligation
Purpose of Expenditure IE-McConnell-Travel	Category/ Type 002	02 / 19 / 2014
Name of Federal Candidate	Support Office	ice Sought: House District: 00
MITCH MCCONNELL	∑ Oppose	President State: KY
Calendar Year-To-Date Per Election for Office Sought	41307.83 Disk 2014	bursement For:
Full Name of Payee Freedomworks, Inc.		Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination 102
Mailing Address 400 N Capitol St., NW		02 19 2014 Amount
Suite 735	<u> </u>	
City State Washington DC	Zip Code 20001	Transaction ID : SE.7968 Date of Disbursement or Obligation
Purpose of Expenditure IE-McConnell-Travel	Category/ Type 002	02 19 2014
Name of Federal Candidate	Support Office	ice Sought: House District: 00
MITCH MCCONNELL	∑ Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	41451.98 Dist 201	bursement For: X Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	152.60
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	<i>ically Filed]</i> □ Date	02 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	_	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 5 OF 5 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
FREEDOMWORKS FOR AMERICA	C C00499020			
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y			
Full Name of Payee Da	ate of Public Distribution/Dissemination			
Chris Gallaher	02 20 / 2014			
Mailing Address 118 Butleight Ct.	mount			
City State Zip Code	5000.00			
Goodlettsville TN 87072 Tr	ransaction ID : SE.7966 ate of Disbursement or Obligation			
Purpose of Expenditure IE-Bevin-Field Coordinator Category/ Type 001	02 / 20 / 2014			
Name of Federal Candidate Support Office So	ought: House District: 00			
MATTHEW GRISWOLD BEVIN	esident X Senate State: KY			
Calendar Year-To-Date Per Election for Office Sought Disburses 2014	ment For:			
Full Name of Payee	ate of Public Distribution/Dissemination			
Mailing Address	M M / D D / Y Y Y Y			
	mount			
City State Zip Code				
	ate of Disbursement or Obligation			
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y			
Name of Federal Candidate Support Office Sc	ought: House District:			
Oppose Pre	esident Senate State:			
Calendar Year-To-Date Per Election for Office Sought Disburse	ment For:			
	(
(a) SUBTOTAL of Itemized Independent Expenditures	5000.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	13454.63			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
R. Russ Walker [Electronically Filed] Date 02	20 / 2014			
Signature				